

DEVELOPMENTAL COUNSELING FORM

For use of this form, see ATP 6-22.1; the proponent agency is TRADOC.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army.
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems or records notices also apply to this system.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Richardson, Gib T.	Rank/Grade	Date of Counseling
Organization 39th BSB		Name and Title of Counselor BG [REDACTED]	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)

The purpose of this counseling is to inform you that I am relieving you of command from the 39th Brigade Support Battalion for your failure of leadership on Range 100 at Ft. Chaffee on 14 June 2016. During the execution of the training multiple Soldiers became heat casualties that ultimately lead to one of their deaths.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

1. Your relief of command is effective immediately.
2. Under the provisions of AR 623-3, Evaluation Report System, paragraph 3-54 and AR 600-20, paragraph 2-17 a relief for cause officer evaluations is directed
3. COL [REDACTED] has requested to keep you for the Kosovo deployment and I have approved his request.

OTHER INSTRUCTIONS

This form will be destroyed upon reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below))
1. You will coordinate with the Chief of Staff today to work out the details of your future full time and M-Day assignments.

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate)

Individual counseled: agree disagree with the information above.

Individual counseled, remarks:

Signature of Individual Counseled:



Date:

12 Sep 16

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

Follow up with the Chief of Staff to ensure SM understands their next assignment and duties.

Signature of Counselor:



Date:

12 Sep 16

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling)

Counselor:

Individual Counseled:

Date of Assessment

Note: Both the counselor and the individual counseled should retain a record of the counseling.